

M e m o r a n d u m

Date: April 13, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Ukiah Area

File No.: 150.9767.12222

Subject: CHAPTER 17, OFFICER SAFETY INSPECTION-ACTION ITEM

The Ukiah Area has completed updating the OTS system with all training, required monthly shoots, and policy review. Area will enter future weapons inspections, training, and policy review as they are completed. Those officers with expired body armor will be replaced as soon as it becomes available from Supply Services. In addition, all Area patrol vehicles have been equipped with the proper amount of saline solution. By completing these action items, the Ukiah Area has met the guidelines from the Chapter 17, Officer Safety Inspection, which was completed on February 23, 2009.

Should you have any questions, please contact Sergeant David Tafel at (707) 467-4040.


R. C. MADRIGAL, Captain
Commander

Safety, Service, and Security

State of California

Business, Transportation and Housing Agency

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R. C. MADRIGAL, Captain
Commander*Safety, Service, and Security*

M e m o r a n d u m

Date: March 24, 2009

To: Ukiah Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Northern Division

File No.: 101.11292.17197.150

Subject: HIGHWAY PATROL GUIDE (HPG) 22.1, *AREA RESOURCES MANAGEMENT GUIDE*, CHAPTER 17, *OFFICER SAFETY INSPECTION*

Attached you will find a copy of the HPG 22.1, Chapter 17, *Officer Safety Inspection*, report prepared by Officer Ryan Ham, Northern Division Training Officer, on February 23, 2009. The inspection revealed deficiencies that require correction. These deficiencies are identified as **Action Items**. The action items should be corrected no later than April 24, 2009. Upon completion, Area is requested to prepare a memorandum to Northern Division certifying that the action items were corrected. Should you have any questions or concerns, please contact me or Lieutenant Tim Saxon at (530) 225-2715.

S. B. BELL
Assistant Chief

Attachments

Safety, Service, and Security

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 17
 OFFICER SAFETY

Area
Ukiah

Division
Northern

Number
150

Evaluated By Ofc. Ham

Date 2/23/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

| | | | |
|---|---|---|---------------------------------------|
| Type of Evaluation <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal | | Suspense Date 04/24/2009 | |
| Follow-up Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Correction Report by _____ | Commander's Review _____ Date _____ | |
| 1. COMMAND INVOLVEMENT | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
| a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (1) Does the commander stress importance of proper enforcement tactics, including use of force? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (2) Does the safety record of the command reflect awareness of proper tactics? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (3) Do the officers' CHP 100 forms and CHP 118s, Performance Appraisals, contain comments on officer safety? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, use of force and the correct use of safety equipment? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (2) Do the captain and lieutenants maintain minimum level of enforcement skills? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (a) Do they attend officer safety training sessions? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (b) If they are not involved in officer safety, what are the reasons? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. TRAINING AND CERTIFICATION | Evaluated <input checked="" type="checkbox"/> | Action Required <input checked="" type="checkbox"/> | Corrected <input type="checkbox"/> |
| a. Do training records indicate formal training has been received and certified? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for: | | | |
| (a) Searching techniques? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (b) Handcuffing? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| | | |
|---|---|--|
| (c) Use of safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Suspect control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) High risk and felony stops? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Hostage control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Prisoner transportation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Radio control head operation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the command dedicating enough time toward training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Do training records show current certifications for officers and sergeants? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Is follow-up established to ensure timely recertification of all officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do Area supervisors review 121s, 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are well-handled incidents recorded for future training purposes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does an examination of 100 forms, 118s and citizen complaints indicate a thorough review is being made? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is refresher training required prior to certification? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is any pattern of training weakness apparent? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the command have an adequate number of instructors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is instructor proficiency maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has an individual been given responsibility for the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does that individual ensure the quality and proficiency is maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are there adequate and properly maintained facilities and equipment available for officer safety training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) What is the quality and quantity of the training being given? | | |
| (5) Have the supervisor and his/her alternate received proper training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 3. SAFETY EQUIPMENT | Evaluated <input checked="" type="checkbox"/> | Action Required <input checked="" type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|--|---|
| a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on-duty, in uniform? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (b) Are officers/sergeants familiar with the decontamination and first-aid procedure? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are officers/sergeants familiar with the function of their duty holsters? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers and sergeants draw, cycle and reholster their weapons within one and a half seconds, using one hand? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are officers/sergeants proficient in reloading their weapons from a standing and sitting position? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do officers/sergeants routinely practice with their batons? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers/sergeants carry their batons on all enforcement stops? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers/sergeants successfully demonstrate approved baton techniques? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Does the majority of uniformed personnel routinely wear body armor? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have active steps been taken to encourage nonusers to take advantage of the protection afforded by soft body armor? N/A | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Were required reports submitted to Supply Services Unit, as per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument? N/A | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If so, did the involved officer receive a complete physical examination? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case and OC spray projectors inspected in conjunction with the annual performance appraisal? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do CHP 311 forms indicate compliance? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Were deficiencies corrected within 30 days of the inspection? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| 4. FIREARMS | Evaluated <input checked="" type="checkbox"/> | Action Required <input checked="" type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|--|---|
| a. Quarterly review of policy on discharge of firearms complied with? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers thoroughly understand the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do incidents involving firearms show proper understanding of the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are shoots conducted as required by policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have steps been taken to correct training deficiencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are weapons training and maintenance records readily available? Current? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (3) Do training records show qualification with all authorized weapons, ammunition types, day/night shoots, etc.? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the Area have a weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Has the officer completed training for weapons training officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Does the officer supervise all shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is the officer well-organized in his/her training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is there a designated alternate to the weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Has that officer received Academy training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are range facilities adequate for revolver, pistol, rifle, shotgun and night shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If not, has alternate training been established and plans developed to obtain adequate facilities? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do plans follow instructions for range contract renegotiations? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Have future range needs been considered? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Is an effective inventory process for shotguns, rifles and ammunition in place? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have shotguns been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all shotguns accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are shotguns fired annually to ensure operable condition? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Have tactical rifles been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all tactical rifles accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is ammunition only issued at the range? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Is there adequate storage when the weapons are not being carried by on-duty officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Is there an effective method for daily assignment and control? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| (3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Beginning inventory determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Has the total rounds issued per ammunition records been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Has a physical inventory of ammunition been taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Has the physical count been compared to the balance on hand according to the inventory record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Have rounds issued per training records been compared to rounds fired per shooting rosters? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Has the mathematical accuracy of the inventory records been tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) When ammunition orders are received, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted and receipt acknowledged immediately upon delivery? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is policy adhered to requiring firearms not be drawn, loaded, unloaded or dry fired except in the clearing tube? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the recorded information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do the dates recorded on the various records correspond to the actual date training was conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do training dates correspond to the activity information on the employee's CHP 415? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Once done, was the disposition of any unused ammunition verified for those training days tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are records kept undated as training takes place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is training recorded on the employee's CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is required information recorded in accordance with established guidelines and instructions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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|---|--|---|---------------------------------------|---|-----------------------------|
| h. Procedure in place which ensures person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or back-up employee? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If RP handles ammunition, are proper accountability procedures in place? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are required inspections conducted in conjunction with the annual 118? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a second inspection of the primary firearm conducted every six months? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. PHYSICAL METHODS OF ARREST | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> | | |
| a. Do officers practice weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are officers familiar with the opponent's five weakest points? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were demonstrations of the following control techniques by officers observed: | | | | | |
| (1) Control holds? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Punches? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Strikes? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Blocks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Defensive kicks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Defenses against grabs? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Defenses against weapons? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Ground defense and takedowns? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (9) Placing and removing suspects into and from vehicles? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (10) Carotid hold? Note: The use of the Carotid hold is currently suspended. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are officers following guidelines for the carotid hold as listed in policy? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has use of excessive force awareness training been conducted? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were observations of practical handcuffing techniques made? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone or uncooperative? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are all uniformed personnel knowledgeable of policy on handcuffing? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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|--|--|---|
| d. Are all persons subjected to physical arrest searched for offensive weapons? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Has the local jail's experience with CHP arrests been reviewed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has a demonstration of preliminary frisks and searches been observed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all officers know policy for searches of the opposite sex? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. ENFORCEMENT TACTICS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five levels of an enforcement stop? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the violator stop effectively made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is the violator completely controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is the prisoner properly prepared for transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are officers aware of the need to maintain fire discipline at all times? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required and render necessary medical aid? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. PURSUITS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Number of units? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) When to discontinue? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Where noncompliance is indicated, were corrective actions taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION

Chapter 17

OFFICER SAFETY

[illegible]

UKIAH AREA
CHAPTER 17, OFFICER SAFETY INSPECTION
FEBRUARY 23, 2009
PAGE ONE

1. COMMAND INVOLVEMENT

Through a discussion with [REDACTED] Sergeant Paredes, it was determined that Ukiah Area has a genuine interest toward the Officer Safety and Weapons Training programs. This inspection contains a few recommendations to enhance the quality of these programs.

2. TRAINING AND CERTIFICATIONS

[REDACTED] is the Area's Training Sergeant and is responsible for overseeing the Area's training program. He is responsible for entering all of the training into the Employee Training Records System (ETRS). Area CHP 270, *Service Record*, records were reviewed in ETRS. All CHP 311 inspections were current. It was determined that not all quarterly training and monthly range shoots had been entered into ETRS as required.

3. SAFETY EQUIPMENT

The two uniformed personnel who performed Physical Methods of Arrest (PMA) techniques were questioned in regard to the use of Oleoresin Capsicum (O.C.) spray. They had a good knowledge of Highway Patrol Manual (HPM) 70.6, *Officer Safety Manual*. It was determined that three officers possess expired body armor.

Two Area patrol vehicles were checked and found to be clean and organized. CHP 33, *Driver's Equipment Check*, books were present for both vehicles and contained up-to-date information. Both vehicles contained shotguns and rifles that were well maintained and stored in the vehicle properly. Both vehicles need to have the proper amount of current saline placed in the trunks.

UKIAH AREA
CHAPTER 17, OFFICER SAFETY INSPECTION
FEBRUARY 23, 2009
PAGE TWO

4. FIREARMS

Area weapons are being inspected as required by HPM 70.8, *Firearms Manual*. A review of the weapons inspection records within ETRS was conducted. It was determined that the inspections for the departmental weapons were current and had been entered into ETRS. An inventory of ammunition was conducted and revealed the Ukiah Area's records matched exactly and quarterly audits are being conducted. There is a separation of duties for handling ammunition as required per HPM 70.8, *Firearms Manual*.

5. PHYSICAL METHODS OF ARREST

Officer England, #15172, and Officer Denham, #12485, were critiqued regarding PMA and side-handle baton techniques. Each officer satisfactorily performed all the tasks on the CHP 199, *Officer Safety Certification*.

6. SUMMARY

Area Management continues to demonstrate a high level of enthusiasm toward the Area Officer Safety and Weapons Training programs and is involved in all aspects of training.

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CHAPTER 17, OFFICER SAFETY INSPECTION
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PAGE THREE

ACTION ITEMS

By addressing the following action items, the Ukiah Area will meet the guidelines of this Chapter 17 Inspection:

1. Ensure officers with expired body armor receive replacement body armor as soon as possible.
2. Ensure that all monthly shoots are conducted and entered into ETRS as required.
3. Ensure that all quarterly training is conducted and entered into ETRS as required.
4. Ensure that all Area patrol vehicles contain the proper amount of saline solution in the trunk.

The **ACTION ITEMS** should be completed by April 24, 2009. A memorandum shall be completed by the Area and forwarded to Northern Division certifying that the items have been corrected.

A handwritten signature in dark ink, appearing to read "Ryan Ham", is written over a light blue rectangular stamp.

RYAN HAM, Officer
Northern Division Training Officer

M e m o r a n d u m

Date: September 4, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Red Bluff Area

File No.: 130.12540

Subject: CHAPTER 17, OFFICER SAFETY INSPECTION – ACTION ITEM

Personnel from Northern Division conducted a Chapter 17, Officer Safety Inspection, on July 9, 2009. As a result, one action items was identified for Red Bluff Area to correct to remain in compliance.

1. Complete weapons inspections as required by HPM 70.8.

Response: One officer's weapon and one sergeant's weapon was deficient. All weapon inspections have been completed and entered into ETRS as required by HPM 70.8.

If you have any questions, or need additional information please call me at (530) 527-2034.



H. N. LINSCHOTEN, Lieutenant
Commander

Safety, Service, and Security

M e m o r a n d u m

Date: August 12, 2009

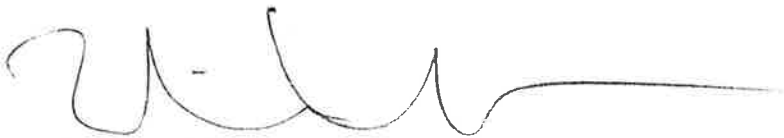
To: Red Bluff Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Northern Division

File No.: 101.10044.17197.130

Subject: HIGHWAY PATROL GUIDE (HPG) 22.1, *AREA RESOURCES MANAGEMENT GUIDE*, CHAPTER 17, *OFFICER SAFETY INSPECTION*

Attached you will find a copy of the HPG 22.1, Chapter 17, *Officer Safety Inspection*, report prepared by Officer Ryan Ham, Northern Division Training Officer, on July 09, 2009. The inspection revealed one deficiency that requires correction. This deficiency is identified as an **Action Item**. The action item should be corrected no later than September 14, 2009. Upon completion, Area is requested to prepare a memorandum to Northern Division certifying that the action item was corrected. Should you have any questions or concerns, please contact me or Lieutenant Tim Saxon at (530) 225-2715.

D. K. HAHN
Assistant Chief

Attachments

Safety, Service, and Security

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 17
 OFFICER SAFETY

Area
Red Bluff

Division
Northern

Number
130

Evaluated By Ofc. Ham

Date 7/9/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☒ Formal

☐ Informal

Suspense Date 09/14/09

Follow-up Required

☒ Correction Report

☒ Yes

☐ No

by _____

Commander's Review

Date

1. COMMAND INVOLVEMENT

Evaluated

☒

Action

Required ☐

Corrected

☐

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

(2) Does the safety record of the command reflect awareness of proper tactics?

☒ Yes ☐ No

(3) Do the officers' CHP 100 forms and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, use of force and the correct use of safety equipment?

☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

(2) Do the captain and lieutenants maintain minimum level of enforcement skills?

☒ Yes ☐ No

(a) Do they attend officer safety training sessions?

☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

☒ Yes ☐ No

2. TRAINING AND CERTIFICATION

Evaluated

☒

Action

Required ☐

Corrected

☐

a. Do training records indicate formal training has been received and certified?

☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques?

☒ Yes ☐ No

(b) Handcuffing?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION

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| | | |
|---|---|--|
| (c) Use of safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Suspect control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) High risk and felony stops? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Hostage control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Prisoner transportation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Radio control head operation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the command dedicating enough time toward training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Do training records show current certifications for officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is follow-up established to ensure timely recertification of all officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do Area supervisors review 121s, 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are well-handled incidents recorded for future training purposes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does an examination of 100 forms, 118s and citizen complaints indicate a thorough review is being made? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is refresher training required prior to certification? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is any pattern of training weakness apparent? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the command have an adequate number of instructors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is instructor proficiency maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has an individual been given responsibility for the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does that individual ensure the quality and proficiency is maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are there adequate and properly maintained facilities and equipment available for officer safety training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) What is the quality and quantity of the training being given? The training provided is adequate and meets departmental requirements. | | |
| (5) Have the supervisor and his/her alternate received proper training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
Chapter 17
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| 3. SAFETY EQUIPMENT | Evaluated <input checked="" type="checkbox"/> | Action Required <input checked="" type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|--|---|
| a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on-duty, in uniform? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are officers/sergeants familiar with the decontamination and first-aid procedure? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are officers/sergeants familiar with the function of their duty holsters? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers and sergeants draw, cycle and reholster their weapons within one and a half seconds, using one hand? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are officers/sergeants proficient in reloading their weapons from a standing and sitting position? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do officers/sergeants routinely practice with their batons? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers/sergeants carry their batons on all enforcement stops? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers/sergeants successfully demonstrate approved baton techniques? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Does the majority of uniformed personnel routinely wear body armor? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have active steps been taken to encourage nonusers to take advantage of the protection afforded by soft body armor? N/A | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Were required reports submitted to Supply Services Unit, as per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument? N/A | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If so, did the involved officer receive a complete physical examination? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case and OC spray projectors inspected in conjunction with the annual performance appraisal? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (1) Do CHP 311 forms indicate compliance? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (2) Were deficiencies corrected within 30 days of the inspection? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
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| 4. FIREARMS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|---|---|
| a. Quarterly review of policy on discharge of firearms complied with? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers thoroughly understand the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do incidents involving firearms show proper understanding of the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are shoots conducted as required by policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have steps been taken to correct training deficiencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are weapons training and maintenance records readily available? Current? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Do training records show qualification with all authorized weapons, ammunition types, day/night shoots, etc.? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the Area have a weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Has the officer completed training for weapons training officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Does the officer supervise all shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is the officer well-organized in his/her training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is there a designated alternate to the weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Has that officer received Academy training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are range facilities adequate for revolver, pistol, rifle, shotgun and night shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If not, has alternate training been established and plans developed to obtain adequate facilities? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do plans follow instructions for range contract renegotiations? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Have future range needs been considered? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Is an effective inventory process for shotguns, rifles and ammunition in place? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have shotguns been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all shotguns accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are shotguns fired annually to ensure operable condition? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Have tactical rifles been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all tactical rifles accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is ammunition only issued at the range? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Is there adequate storage when the weapons are not being carried by on-duty officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Is there an effective method for daily assignment and control? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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Chapter 17
OFFICER SAFETY

| | | |
|--|---|-----------------------------|
| (3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Beginning inventory determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Has the total rounds issued per ammunition records been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Has a physical inventory of ammunition been taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Has the physical count been compared to the balance on hand according to the inventory record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Have rounds issued per training records been compared to rounds fired per shooting rosters? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Has the mathematical accuracy of the inventory records been tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) When ammunition orders are received, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted and receipt acknowledged immediately upon delivery? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is policy adhered to requiring firearms not be drawn, loaded, unloaded or dry fired except in the clearing tube? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the recorded information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do the dates recorded on the various records correspond to the actual date training was conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do training dates correspond to the activity information on the employee's CHP 415? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Once done, was the disposition of any unused ammunition verified for those training days tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are records kept undated as training takes place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is training recorded on the employee's CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is required information recorded in accordance with established guidelines and instructions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | | | | |
|---|--|---|---------------------------------------|---|-----------------------------|
| h. Procedure in place which ensures person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or back-up employee? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If RP handles ammunition, are proper accountability procedures in place? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are required inspections conducted in conjunction with the annual 118? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a second inspection of the primary firearm conducted every six months? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. PHYSICAL METHODS OF ARREST | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> | | |
| a. Do officers practice weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are officers familiar with the opponent's five weakest points? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were demonstrations of the following control techniques by officers observed: | | | | | |
| (1) Control holds? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Punches? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Strikes? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Blocks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Defensive kicks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Defenses against grabs? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Defenses against weapons? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Ground defense and takedowns? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (9) Placing and removing suspects into and from vehicles? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (10) Carotid hold? Note: The use of the Carotid hold is currently suspended. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are officers following guidelines for the carotid hold as listed in policy? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has use of excessive force awareness training been conducted? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were observations of practical handcuffing techniques made? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone or uncooperative? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are all uniformed personnel knowledgeable of policy on handcuffing? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | |
|--|--|---|
| d. Are all persons subjected to physical arrest searched for offensive weapons? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Has the local jail's experience with CHP arrests been reviewed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has a demonstration of preliminary frisks and searches been observed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all officers know policy for searches of the opposite sex? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. ENFORCEMENT TACTICS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five levels of an enforcement stop? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the violator stop effectively made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is the violator completely controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is the prisoner properly prepared for transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are officers aware of the need to maintain fire discipline at all times? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required and render necessary medical aid? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. PURSUITS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Number of units? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) When to discontinue? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Where noncompliance is indicated, were corrective actions taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
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[illegible]

RED BLUFF AREA
CHAPTER 17, OFFICER SAFETY INSPECTION
JULY 09, 2009
PAGE ONE

1. COMMAND INVOLVEMENT

Through a discussion with Sergeant Ross, it was determined that the Red Bluff Area has a genuine interest toward the Officer Safety and Weapons Training programs. This inspection contains one recommendation to enhance the quality of these programs.

2. TRAINING AND CERTIFICATIONS

Sergeant Ross is the Area's Training Sergeant and is responsible for overseeing the Area's training program. He is responsible for ensuring that all of the training is entered into the Employee Training Records System (ETRS). Area CHP 270, *Service Record*, records were reviewed in ETRS. ETRS revealed that there were two deficient CHP 311 inspections. It was determined that all quarterly training and monthly range shoots were being conducted and entered into ETRS as required.

3. SAFETY EQUIPMENT

The two uniformed personnel who performed Physical Methods of Arrest (PMA) techniques were questioned in regard to the use of Oleoresin Capsicum (O.C.) spray. They had a good knowledge of Highway Patrol Manual (HPM) 70.6, *Officer Safety Manual*.

Two Area patrol vehicles were checked and found to be clean and organized. CHP 33, *Driver's Equipment Check*, books were present for both vehicles and contained up-to-date information. Both vehicles contained shotguns and rifles that were well maintained and stored in the vehicle properly. Both vehicles contained the proper amount of current saline within the trunks.

RED BLUFF AREA
CHAPTER 17, OFFICER SAFETY INSPECTION
JULY 09, 2009
PAGE TWO

4. FIREARMS

Area weapons are being inspected as required by HPM 70.8, *Firearms Manual*. A review of the weapons inspection records within ETRS was conducted. It was determined that the inspections for the departmental weapons were current and had been entered into ETRS. An inventory of ammunition was conducted and revealed the Red Bluff Area's records matched exactly and quarterly audits are being conducted. There is a separation of duties for handling ammunition as required per HPM 70.8, *Firearms Manual*.

5. PHYSICAL METHODS OF ARREST

Officer Kelfer, #16408, and Officer Mackintosh, #17334, were critiqued regarding PMA and side-handle baton techniques. Each officer satisfactorily performed all the tasks on the CHP 199, *Officer Safety Certification*.

6. SUMMARY

Area Management continues to demonstrate a high level of enthusiasm toward the Area Officer Safety and Weapons Training programs and is involved in all aspects of training.

RED BLUFF AREA
CHAPTER 17, OFFICER SAFETY INSPECTION
JULY 09, 2009
PAGE THREE

ACTION ITEM

By addressing the following action item, the Red Bluff Area will meet the guidelines of this Chapter 17 Inspection:

1. Ensure that all CHP 311 inspections are completed and entered into ETRS.

The **ACTION ITEM** should be completed by September 14, 2009. A memorandum shall be completed by the Area and forwarded to Northern Division certifying that the item has been corrected.

A handwritten signature in black ink, appearing to read "Ryan Ham", is written over a faint, larger signature.

RYAN HAM, Officer
Northern Division Training Officer

6-12-09 sent

M e m o r a n d u m

Date: June 02, 2009

To: Mount Shasta Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Northern Division

File No.: 101.10044.17197.146

Subject: HIGHWAY PATROL GUIDE (HPG) 22.1, *AREA RESOURCES MANAGEMENT GUIDE*, CHAPTER 17, *OFFICER SAFETY INSPECTION*

Attached you will find a copy of the HPG 22.1, Chapter 17, *Officer Safety Inspection*, report prepared by Officer Ryan Ham, Northern Division Training Officer, on May 21, 2009. The inspection identified no deficiencies requiring correction. It should be noted that the Mount Shasta Area was extremely well organized and prepared for this inspection. Sergeant Annie Garcia should be commended for her commitment to the departmental training program, and her efforts are recognized and appreciated. I commend the Mount Shasta Area for a job well done! Should you have any questions or concerns, please contact me or Lieutenant Tim Saxon at (530) 225-2715.

D. K. HAHN
Assistant Chief

Attachments

Safety, Service, and Security

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 17
 OFFICER SAFETY

Area
Mount Shasta

Division
Northern

Number
146

Evaluated By Ofc. Ham

Date 5/21/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☒ Formal

☐ Informal

Suspense Date 07/02/09

Follow-up Required

☐ Correction Report

☐ Yes

☒ No

by _____

Commander's Review

Date

1. COMMAND INVOLVEMENT

Evaluated

☒

Action

Required ☐

Corrected

☐

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

(2) Does the safety record of the command reflect awareness of proper tactics?

☒ Yes ☐ No

(3) Do the officers' CHP 100 forms and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, use of force and the correct use of safety equipment?

☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

(2) Do the captain and lieutenants maintain minimum level of enforcement skills?

☒ Yes ☐ No

(a) Do they attend officer safety training sessions?

☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

☒ Yes ☐ No

2. TRAINING AND CERTIFICATION

Evaluated

☒

Action

Required ☐

Corrected

☐

a. Do training records indicate formal training has been received and certified?

☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques?

☒ Yes ☐ No

(b) Handcuffing?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 17
OFFICER SAFETY

| | | |
|---|---|--|
| (c) Use of safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Suspect control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) High risk and felony stops? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Hostage control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Prisoner transportation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Radio control head operation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the command dedicating enough time toward training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Do training records show current certifications for officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is follow-up established to ensure timely recertification of all officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do Area supervisors review 121s, 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are well-handled incidents recorded for future training purposes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does an examination of 100 forms, 118s and citizen complaints indicate a thorough review is being made? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is refresher training required prior to certification? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is any pattern of training weakness apparent? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the command have an adequate number of instructors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is instructor proficiency maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has an individual been given responsibility for the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does that individual ensure the quality and proficiency is maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are there adequate and properly maintained facilities and equipment available for officer safety training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) What is the quality and quantity of the training being given? | Training at the Mount Shasta Area adheres to CHP policy. It is being conducted monthly and quarterly. | |
| (5) Have the supervisor and his/her alternate received proper training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
Chapter 17
OFFICER SAFETY

| 3. SAFETY EQUIPMENT | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|---|---|
| a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on-duty, in uniform? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are officers/sergeants familiar with the decontamination and first-aid procedure? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are officers/sergeants familiar with the function of their duty holsters? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers and sergeants draw, cycle and reholster their weapons within one and a half seconds, using one hand? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are officers/sergeants proficient in reloading their weapons from a standing and sitting position? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do officers/sergeants routinely practice with their batons? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers/sergeants carry their batons on all enforcement stops? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers/sergeants successfully demonstrate approved baton techniques? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Does the majority of uniformed personnel routinely wear body armor? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have active steps been taken to encourage nonusers to take advantage of the protection afforded by soft body armor? N/A | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Were required reports submitted to Supply Services Unit, as per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument? N/A | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If so, did the involved officer receive a complete physical examination? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case and OC spray projectors inspected in conjunction with the annual performance appraisal? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do CHP 311 forms indicate compliance? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Were deficiencies corrected within 30 days of the inspection? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
Chapter 17
OFFICER SAFETY

| 4. FIREARMS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|---|---|
| a. Quarterly review of policy on discharge of firearms complied with? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers thoroughly understand the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do incidents involving firearms show proper understanding of the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are shoots conducted as required by policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have steps been taken to correct training deficiencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are weapons training and maintenance records readily available? Current? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Do training records show qualification with all authorized weapons, ammunition types, day/night shoots, etc.? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the Area have a weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Has the officer completed training for weapons training officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Does the officer supervise all shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is the officer well-organized in his/her training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is there a designated alternate to the weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Has that officer received Academy training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are range facilities adequate for revolver, pistol, rifle, shotgun and night shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If not, has alternate training been established and plans developed to obtain adequate facilities? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do plans follow instructions for range contract renegotiations? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Have future range needs been considered? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Is an effective inventory process for shotguns, rifles and ammunition in place? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have shotguns been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all shotguns accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are shotguns fired annually to ensure operable condition? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Have tactical rifles been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all tactical rifles accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is ammunition only issued at the range? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Is there adequate storage when the weapons are not being carried by on-duty officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Is there an effective method for daily assignment and control? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION

Chapter 17

OFFICER SAFETY

| | | |
|--|---|-----------------------------|
| (3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Beginning inventory determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Has the total rounds issued per ammunition records been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Has a physical inventory of ammunition been taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Has the physical count been compared to the balance on hand according to the inventory record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Have rounds issued per training records been compared to rounds fired per shooting rosters? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Has the mathematical accuracy of the inventory records been tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) When ammunition orders are received, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted and receipt acknowledged immediately upon delivery? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is policy adhered to requiring firearms not be drawn, loaded, unloaded or dry fired except in the clearing tube? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the recorded information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do the dates recorded on the various records correspond to the actual date training was conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do training dates correspond to the activity information on the employee's CHP 415? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Once done, was the disposition of any unused ammunition verified for those training days tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are records kept undated as training takes place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is training recorded on the employee's CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is required information recorded in accordance with established guidelines and instructions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
Chapter 17
OFFICER SAFETY

| | | | | | |
|---|--|---|---------------------------------------|---|-----------------------------|
| h. Procedure in place which ensures person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or back-up employee? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If RP handles ammunition, are proper accountability procedures in place? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are required inspections conducted in conjunction with the annual 118? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a second inspection of the primary firearm conducted every six months? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. PHYSICAL METHODS OF ARREST | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> | | |
| a. Do officers practice weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are officers familiar with the opponent's five weakest points? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were demonstrations of the following control techniques by officers observed: | | | | | |
| (1) Control holds? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Punches? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Strikes? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Blocks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Defensive kicks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Defenses against grabs? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Defenses against weapons? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Ground defense and takedowns? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (9) Placing and removing suspects into and from vehicles? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (10) Carotid hold? Note: The use of the Carotid hold is currently suspended. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are officers following guidelines for the carotid hold as listed in policy? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has use of excessive force awareness training been conducted? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were observations of practical handcuffing techniques made? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone or uncooperative? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are all uniformed personnel knowledgeable of policy on handcuffing? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
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| | | |
|--|--|---|
| d. Are all persons subjected to physical arrest searched for offensive weapons? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Has the local jail's experience with CHP arrests been reviewed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has a demonstration of preliminary frisks and searches been observed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all officers know policy for searches of the opposite sex? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. ENFORCEMENT TACTICS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five levels of an enforcement stop? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the violator stop effectively made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is the violator completely controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is the prisoner properly prepared for transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are officers aware of the need to maintain fire discipline at all times? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required and render necessary medical aid? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. PURSUITS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Number of units? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) When to discontinue? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Where noncompliance is indicated, were corrective actions taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Chapter 17

OFFICER SAFETY

☒ Yes ☐ No☒ Yes ☐ No☒ Yes ☐ No

Evaluated
☒

Action Required
☐

Corrected ☐

☒ Yes ☐ No☒ Yes ☐ No☒ Yes ☐ No☐ Yes ☐ No

Evaluated
☒

Action Required
☐

Corrected
☐

☒ Yes ☐ No☒ Yes ☐ No☒ Yes ☐ No☐ Yes ☒ No

Evaluated
☒

Action Required
☐

Corrected

☒ Yes ☐ No☒ Yes ☐ No☒ Yes ☐ No

post. Section 4 i (1) does not apply. The Mount Shasta Area does not have a resident

MOUNT SHASTA AREA
CHAPTER 17, OFFICER SAFETY INSPECTION
MAY 21, 2009
PAGE ONE

1. COMMAND INVOLVEMENT

Through a discussion with Sergeant Garcia, it was determined that Mount Shasta Area has a genuine interest toward the Officer Safety and Weapons Training programs. This inspection contains no recommendations to enhance the quality of these programs.

2. TRAINING AND CERTIFICATIONS

Sergeant Garcia is the Area's Training Sergeant and is responsible for overseeing the Area's training program. She is responsible for entering all of the training into the Employee Training Records System (ETRS). Area CHP 270, *Service Record*, records were reviewed in ETRS. It was determined that all quarterly training had been entered into ETRS as required. The Area's training records were found to be very well organized and the inspection revealed no discrepancies. Sergeant Garcia should be commended for her efforts in monitoring the program and maintaining the records in a well organized manner.

3. SAFETY EQUIPMENT

The two uniformed personnel who performed Physical Methods of Arrest (PMA) techniques were questioned in regard to the use of Oleoresin Capsicum (O.C.) spray. They had a good knowledge of Highway Patrol Manual (HPM) 70.6, *Officer Safety Manual*.

Two Area patrol vehicles were checked and found to be clean and organized. CHP 33, *Driver's Equipment Check*, books were present for both vehicles and contained up-to-date information. Both vehicles contained shotguns and rifles that were well maintained and stored in the vehicle properly. Both vehicles contained the proper amount of current saline within the trunks.

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CHAPTER 17, OFFICER SAFETY INSPECTION
MAY 21, 2009
PAGE TWO

4. FIREARMS

Area weapons are being inspected as required by HPM 70.8, *Firearms Manual*. A review of the weapons inspection records within ETRS was conducted. It was determined that the inspections for the departmental weapons were current and had been entered into ETRS. An inventory of ammunition was conducted and revealed the Mount Shasta Area's records matched exactly and quarterly audits are being conducted. There is a separation of duties for handling ammunition as required per HPM 70.8, *Firearms Manual*.

5. PHYSICAL METHODS OF ARREST

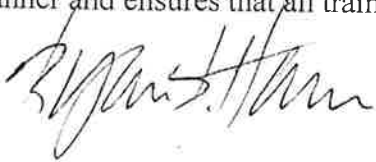
Officer Taylor, #16333, and Officer Hoskins, #15592, were critiqued regarding PMA and side-handle baton techniques. Each officer satisfactorily performed all the tasks on the CHP 199, *Officer Safety Certification*.

6. SUMMARY

Area Management continues to demonstrate a high level of enthusiasm toward the Area Officer Safety and Weapons Training programs and is involved in all aspects of training.

ACTION ITEMS

There are no required action items for this Chapter 17 Inspection. It was apparent that Sergeant Garcia takes pride in maintaining all Area records in a well organized manner and ensures that all training is provided and documented in a timely fashion.

A handwritten signature in black ink, appearing to read "Ryan Ham", is written over the text of the signature line.

RYAN HAM, Officer
Northern Division Training Officer

M e m o r a n d u m

Date: September 15, 2009

To: Garberville Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Northern Division

File No.: 101.11292.17197.126

Subject: HIGHWAY PATROL GUIDE (HPG) 22.1, *AREA RESOURCES MANAGEMENT GUIDE*, CHAPTER 17, *OFFICER SAFETY INSPECTION*

Attached you will find a copy of the HPG 22.1, Chapter 17, *Officer Safety Inspection*, report prepared by Officer Ryan Ham, Northern Division Training Officer, on September 2, 2009. The inspection identified no deficiencies requiring correction. It should be noted that the Garberville Area was extremely well organized and prepared for this inspection. Sergeant James Malner should be commended for his commitment to the departmental training program, and his efforts are recognized and appreciated. I commend the Garberville Area for a job well done! Should you have any questions or concerns, please contact me or Lieutenant Tim Saxon at

(530) 225-2715.



S. B. BELL
Assistant Chief

Attachments

Safety, Service, and Security

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 17
 OFFICER SAFETY

Area
Garberville

Division
Northern

Number
126

Evaluated By Ofc. Ham

Date 9/2/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☒ Formal

☐ Informal

Suspense Date 10/15/09

Follow-up Required

☐ Correction Report

☐ Yes

☒ No

by _____

Commander's Review

Date

1. COMMAND INVOLVEMENT

Evaluated

☒

Action

Required ☐

Corrected

☐

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

(2) Does the safety record of the command reflect awareness of proper tactics?

☒ Yes ☐ No

(3) Do the officers' CHP 100 forms and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, use of force and the correct use of safety equipment?

☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

(2) Do the captain and lieutenants maintain minimum level of enforcement skills?

☒ Yes ☐ No

(a) Do they attend officer safety training sessions?

☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

☒ Yes ☐ No

2. TRAINING AND CERTIFICATION

Evaluated

☒

Action

Required ☐

Corrected

☐

a. Do training records indicate formal training has been received and certified?

☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques?

☒ Yes ☐ No

(b) Handcuffing?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION

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| | | |
|---|---|--|
| (c) Use of safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Suspect control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) High risk and felony stops? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Hostage control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Prisoner transportation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Radio control head operation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the command dedicating enough time toward training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Do training records show current certifications for officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is follow-up established to ensure timely recertification of all officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do Area supervisors review 121s, 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are well-handled incidents recorded for future training purposes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does an examination of 100 forms, 118s and citizen complaints indicate a thorough review is being made? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is refresher training required prior to certification? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is any pattern of training weakness apparent? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the command have an adequate number of instructors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is instructor proficiency maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has an individual been given responsibility for the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does that individual ensure the quality and proficiency is maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are there adequate and properly maintained facilities and equipment available for officer safety training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) What is the quality and quantity of the training being given? The training provided is adequate and meets departmental requirements. | | |
| (5) Have the supervisor and his/her alternate received proper training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
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OFFICER SAFETY

| 3. SAFETY EQUIPMENT | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|---|---|
| a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on-duty, in uniform? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are officers/sergeants familiar with the decontamination and first-aid procedure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are officers/sergeants familiar with the function of their duty holsters? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers and sergeants draw, cycle and reholster their weapons within one and a half seconds, using one hand? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are officers/sergeants proficient in reloading their weapons from a standing and sitting position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do officers/sergeants routinely practice with their batons? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers/sergeants carry their batons on all enforcement stops? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Can officers/sergeants successfully demonstrate approved baton techniques? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Does the majority of uniformed personnel routinely wear body armor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have active steps been taken to encourage nonusers to take advantage of the protection afforded by soft body armor? N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Were required reports submitted to Supply Services Unit, as per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument? N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If so, did the involved officer receive a complete physical examination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case and OC spray projectors inspected in conjunction with the annual performance appraisal? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do CHP 311 forms indicate compliance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Were deficiencies corrected within 30 days of the inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
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| 4. FIREARMS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|---|---|
| a. Quarterly review of policy on discharge of firearms complied with? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers thoroughly understand the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do incidents involving firearms show proper understanding of the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are shoots conducted as required by policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have steps been taken to correct training deficiencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are weapons training and maintenance records readily available? Current? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Do training records show qualification with all authorized weapons, ammunition types, day/night shoots, etc.? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the Area have a weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Has the officer completed training for weapons training officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Does the officer supervise all shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is the officer well-organized in his/her training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is there a designated alternate to the weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Has that officer received Academy training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are range facilities adequate for revolver, pistol, rifle, shotgun and night shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If not, has alternate training been established and plans developed to obtain adequate facilities? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do plans follow instructions for range contract renegotiations? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Have future range needs been considered? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Is an effective inventory process for shotguns, rifles and ammunition in place? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have shotguns been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all shotguns accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are shotguns fired annually to ensure operable condition? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Have tactical rifles been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all tactical rifles accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is ammunition only issued at the range? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Is there adequate storage when the weapons are not being carried by on-duty officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Is there an effective method for daily assignment and control? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| (3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Beginning inventory determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Has the total rounds issued per ammunition records been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Has a physical inventory of ammunition been taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Has the physical count been compared to the balance on hand according to the inventory record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Have rounds issued per training records been compared to rounds fired per shooting rosters? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Has the mathematical accuracy of the inventory records been tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) When ammunition orders are received, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted and receipt acknowledged immediately upon delivery? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is policy adhered to requiring firearms not be drawn, loaded, unloaded or dry fired except in the clearing tube? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the recorded information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do the dates recorded on the various records correspond to the actual date training was conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do training dates correspond to the activity information on the employee's CHP 415? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Once done, was the disposition of any unused ammunition verified for those training days tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are records kept undated as training takes place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is training recorded on the employee's CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is required information recorded in accordance with established guidelines and instructions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | | | | |
|---|--|---|---------------------------------------|---|-----------------------------|
| h. Procedure in place which ensures person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or back-up employee? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If RP handles ammunition, are proper accountability procedures in place? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are required inspections conducted in conjunction with the annual 118? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a second inspection of the primary firearm conducted every six months? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. PHYSICAL METHODS OF ARREST | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> | | |
| a. Do officers practice weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are officers familiar with the opponent's five weakest points? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were demonstrations of the following control techniques by officers observed: | | | | | |
| (1) Control holds? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Punches? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Strikes? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Blocks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Defensive kicks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Defenses against grabs? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Defenses against weapons? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Ground defense and takedowns? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (9) Placing and removing suspects into and from vehicles? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (10) Carotid hold? Note: The use of the Carotid hold is currently suspended. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are officers following guidelines for the carotid hold as listed in policy? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has use of excessive force awareness training been conducted? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were observations of practical handcuffing techniques made? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone or uncooperative? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are all uniformed personnel knowledgeable of policy on handcuffing? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | |
|--|--|---|
| d. Are all persons subjected to physical arrest searched for offensive weapons? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Has the local jail's experience with CHP arrests been reviewed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has a demonstration of preliminary frisks and searches been observed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all officers know policy for searches of the opposite sex? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. ENFORCEMENT TACTICS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five levels of an enforcement stop? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the violator stop effectively made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is the violator completely controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is the prisoner properly prepared for transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are officers aware of the need to maintain fire discipline at all times? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required and render necessary medical aid? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. PURSUITS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> Corrected <input type="checkbox"/> |
| a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Number of units? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) When to discontinue? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Where noncompliance is indicated, were corrective actions taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
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[illegible]

GARBERVILLE AREA
CHAPTER 17, OFFICER SAFETY INSPECTION
SEPTEMBER 02, 2009
PAGE ONE

1. COMMAND INVOLVEMENT

Through a discussion with Sergeant Malner, it was determined that the Garberville Area has a genuine interest toward the Officer Safety and Weapons Training programs. This inspection contains no recommendations to enhance the quality of these programs.

2. TRAINING AND CERTIFICATIONS

Sergeant Malner is the Area's Training Sergeant and is responsible for overseeing the Area's training program. He is responsible for entering all of the training into the Employee Training Records System (ETRS). Area CHP 270, *Service Record*, records were reviewed in ETRS. It was determined that all quarterly training had been entered into ETRS as required. The Area's training records were found to be very well organized and the inspection revealed no discrepancies. Sergeant Malner should be commended for his efforts in monitoring the program and maintaining the records in a well organized manner.

3. SAFETY EQUIPMENT

The two uniformed personnel who performed Physical Methods of Arrest (PMA) techniques were questioned in regard to the use of Oleoresin Capsicum (O.C.) spray. They had a good knowledge of Highway Patrol Manual (HPM) 70.6, *Officer Safety Manual*.

Two Area patrol vehicles were checked and found to be clean and organized. CHP 33, *Driver's Equipment Check*, books were present for both vehicles and contained up-to-date information. Both vehicles contained shotguns and rifles that were well maintained and stored in the vehicle properly. Both vehicles contained the proper amount of current saline within the trunks.

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4. FIREARMS

Area weapons are being inspected as required by HPM 70.8, *Firearms Manual*. A review of the weapons inspection records within ETRS was conducted. It was determined that the inspections for the departmental weapons were current and had been entered into ETRS. An inventory of ammunition was conducted and revealed the Garberville Area's records matched exactly and quarterly audits are being conducted. There is a separation of duties for handling ammunition as required per HPM 70.8.

5. PHYSICAL METHODS OF ARREST

Officer Van Emmerik, #12524, and Officer S. Barnwell, #13377, were critiqued regarding PMA and side-handle baton techniques. Each officer satisfactorily performed all the tasks on the CHP 199, *Officer Safety Certification*.

6. SUMMARY

Area Management continues to demonstrate a high level of enthusiasm toward the Area Officer Safety and Weapons Training programs and is involved in all aspects of training.

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ACTION ITEMS

There are no required action items for this Chapter 17 Inspection. It was apparent that Sergeant Malner takes pride in maintaining all Area records in a well organized manner and ensures that all training is provided and documented in a timely fashion.

A handwritten signature in dark ink, appearing to read "Ryan Ham", is written over the printed name.

RYAN HAM, Officer
Northern Division Training Officer

M e m o r a n d u m**C O N F I D E N T I A L**

Date: October 23, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Alturas Area

File No.: 11171.11171

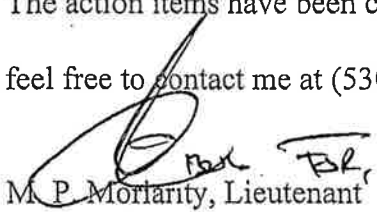
Subject: HPG 22.1, CHAPTER 17 OFFICER SAFETY INSPECTION ACTION ITEMS

On September 4, 2009, Officer Ryan Ham from Northern Division conducted the Chapter 17- Officer Safety Inspection of the Alturas Area. Officer Ham prepared a memorandum to Alturas Area detailing deficiencies (**Action Items**) noted during the inspection.

The action items are as follows:

- (1) Ensure that all current inspections for departmental weapons are entered into ETRS as required.
- (2) Ensure all quarterly training is conducted and entered into ETRS as required.

The action items have been corrected as of this date. Should there be any additional questions, feel free to contact me at (530) 233-2919.


M. P. Moriarty, Lieutenant
Commander

Safety, Service, and Security

M e m o r a n d u m

Date: September 21, 2009

To: Alturas Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Northern Division

File No.: 101.10044.17197.170

Subject: HIGHWAY PATROL GUIDE (HPG) 22.1, *AREA RESOURCES MANAGEMENT GUIDE*, CHAPTER 17, *OFFICER SAFETY INSPECTION*

Attached you will find a copy of the HPG 22.1, Chapter 17, *Officer Safety Inspection*, report prepared by Officer Ryan Ham, Northern Division Training Officer, on September 04, 2009.

The inspection revealed deficiencies that require correction. These deficiencies are identified as **Action Items**. The action items should be corrected no later than October 21, 2009. Upon completion, Area is requested to prepare a memorandum to Northern Division certifying that the action items were corrected. Should you have any questions or concerns, please contact me or Lieutenant Tim Saxon at (530) 225-2715.



D. K. HAHN
Assistant Chief

Attachments

Safety, Service, and Security

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 17
 OFFICER SAFETY

| | | |
|-----------------------|----------------------|---------------|
| Area Alturas | Division Northern | Number 170 |
| Evaluated By Ofc. Ham | | Date 09/04/09 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

| | | | |
|--|---|--|--|
| Type of Evaluation <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal | | Suspense Date 10/21/2009 | |
| Follow-up Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Correction Report by _____ | Commander's Review _____ Date _____ | |
| 1. COMMAND INVOLVEMENT | | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> |
| | | Corrected <input type="checkbox"/> | |
| a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (1) Does the commander stress importance of proper enforcement tactics, including use of force? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (2) Does the safety record of the command reflect awareness of proper tactics? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (3) Do the officers' CHP 100 forms and CHP 118s, Performance Appraisals, contain comments on officer safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, use of force and the correct use of safety equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (2) Do the captain and lieutenants maintain minimum level of enforcement skills? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (a) Do they attend officer safety training sessions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (b) If they are not involved in officer safety, what are the reasons? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. TRAINING AND CERTIFICATION | | Evaluated <input checked="" type="checkbox"/> | Action Required <input checked="" type="checkbox"/> |
| | | Corrected <input type="checkbox"/> | |
| a. Do training records indicate formal training has been received and certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for: | | | |
| (a) Searching techniques? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (b) Handcuffing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| (c) Use of safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Suspect control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) High risk and felony stops? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Hostage control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Prisoner transportation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Radio control head operation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the command dedicating enough time toward training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Do training records show current certifications for officers and sergeants? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Is follow-up established to ensure timely recertification of all officers and sergeants? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do Area supervisors review 121s, 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are well-handled incidents recorded for future training purposes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does an examination of 100 forms, 118s and citizen complaints indicate a thorough review is being made? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is refresher training required prior to certification? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is any pattern of training weakness apparent? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the command have an adequate number of instructors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is instructor proficiency maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has an individual been given responsibility for the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Does that individual ensure the quality and proficiency is maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are there adequate and properly maintained facilities and equipment available for officer safety training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) What is the quality and quantity of the training being given? Training at the Alturas Area adheres to CHP policy. It is being conducted monthly and quarterly. | | |
| (5) Have the supervisor and his/her alternate received proper training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 3. SAFETY EQUIPMENT | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|---|---------------------------------------|
| a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on-duty, in uniform? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Are officers/sergeants familiar with the decontamination and first-aid procedure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are officers/sergeants familiar with the function of their duty holsters? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Can officers and sergeants draw, cycle and reholster their weapons within one and a half seconds, using one hand? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are officers/sergeants proficient in reloading their weapons from a standing and sitting position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do officers/sergeants routinely practice with their batons? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Do officers/sergeants carry their batons on all enforcement stops? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Can officers/sergeants successfully demonstrate approved baton techniques? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the majority of uniformed personnel routinely wear body armor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Have active steps been taken to encourage nonusers to take advantage of the protection afforded by soft body armor? N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Were required reports submitted to Supply Services Unit, as per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument? N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) If so, did the involved officer receive a complete physical examination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case and OC spray projectors inspected in conjunction with the annual performance appraisal? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Do CHP 311 forms indicate compliance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Were deficiencies corrected within 30 days of the inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| 4. FIREARMS | Evaluated <input checked="" type="checkbox"/> | Action Required <input checked="" type="checkbox"/> | Corrected <input type="checkbox"/> |
|---|--|--|---|
| a. Quarterly review of policy on discharge of firearms complied with? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do officers thoroughly understand the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do incidents involving firearms show proper understanding of the policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are shoots conducted as required by policy? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have steps been taken to correct training deficiencies? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are weapons training and maintenance records readily available? Current? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (3) Do training records show qualification with all authorized weapons, ammunition types, day/night shoots, etc.? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the Area have a weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Has the officer completed training for weapons training officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Does the officer supervise all shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is the officer well-organized in his/her training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is there a designated alternate to the weapons training officer? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Has that officer received Academy training? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are range facilities adequate for revolver, pistol, rifle, shotgun and night shoots? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) If not, has alternate training been established and plans developed to obtain adequate facilities? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do plans follow instructions for range contract renegotiations? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Have future range needs been considered? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Is an effective inventory process for shotguns, rifles and ammunition in place? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have shotguns been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all shotguns accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are shotguns fired annually to ensure operable condition? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Have tactical rifles been inventoried as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are all tactical rifles accounted for? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is maintenance/cleaning done as required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is ammunition only issued at the range? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Is there adequate storage when the weapons are not being carried by on-duty officers? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Is there an effective method for daily assignment and control? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| (3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Beginning inventory determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Has the total rounds issued per ammunition records been determined? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Has a physical inventory of ammunition been taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Has the physical count been compared to the balance on hand according to the inventory record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Have rounds issued per training records been compared to rounds fired per shooting rosters? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Has the mathematical accuracy of the inventory records been tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) When ammunition orders are received, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted and receipt acknowledged immediately upon delivery? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is policy adhered to requiring firearms not be drawn, loaded, unloaded or dry fired except in the clearing tube? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the recorded information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do the dates recorded on the various records correspond to the actual date training was conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do training dates correspond to the activity information on the employee's CHP 415? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Once done, was the disposition of any unused ammunition verified for those training days tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are records kept undated as training takes place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is training recorded on the employee's CHP 270? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is required information recorded in accordance with established guidelines and instructions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| h. Procedure in place which ensures person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or back-up employee? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If RP handles ammunition, are proper accountability procedures in place? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are required inspections conducted in conjunction with the annual 118? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is a second inspection of the primary firearm conducted every six months? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. PHYSICAL METHODS OF ARREST | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> | Corrected <input type="checkbox"/> | | |
| a. Do officers practice weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are officers familiar with the opponent's five weakest points? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Were demonstrations of the following control techniques by officers observed: | | | | | |
| (1) Control holds? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Punches? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Strikes? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Blocks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Defensive kicks? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Defenses against grabs? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Defenses against weapons? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Ground defense and takedowns? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (9) Placing and removing suspects into and from vehicles? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (10) Carotid hold? Note: The use of the Carotid hold is currently suspended. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are officers following guidelines for the carotid hold as listed in policy? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has use of excessive force awareness training been conducted? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were observations of practical handcuffing techniques made? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone or uncooperative? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are all uniformed personnel knowledgeable of policy on handcuffing? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| d. Are all persons subjected to physical arrest searched for offensive weapons? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Has the local jail's experience with CHP arrests been reviewed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Has a demonstration of preliminary frisks and searches been observed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all officers know policy for searches of the opposite sex? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. ENFORCEMENT TACTICS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> |
| a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five levels of an enforcement stop? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the violator stop effectively made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is the violator completely controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is the prisoner properly prepared for transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are officers aware of the need to maintain fire discipline at all times? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required and render necessary medical aid? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. PURSUITS | Evaluated <input checked="" type="checkbox"/> | Action Required <input type="checkbox"/> |
| a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Number of units? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) When to discontinue? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Where noncompliance is indicated, were corrective actions taken? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION

Chapter 17

OFFICER SAFETY

(1) Are any written agreements on file? ☒ Yes ☐ No

(2) Is Division involved in the planning process? ☒ Yes ☐ No

(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command? ☒ Yes ☐ No

8. FORCIBLE STOPS

Evaluated
☒

Action Required
☐

Corrected
☐

a. Are Area personnel knowledgeable regarding the policy on forcible stops? ☒ Yes ☐ No

(1) Does the Area follow departmental policy? ☒ Yes ☐ No

(2) Have forcible stop reports been reviewed for compliance with policy? ☒ Yes ☐ No

(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted? ☐ Yes ☐ No

9. ROADBLOCKS

Evaluated
☒

Action Required
☐

Corrected
☐

a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip? ☒ Yes ☐ No

(1) Are strategic points and personnel assignments outlined? ☒ Yes ☐ No

(2) Have the officers received instructions on establishing roadblocks? ☒ Yes ☐ No

(3) Have interagency training sessions been conducted? ☐ Yes ☒ No

10. RADIO FAMILIARIZATION

Evaluated
☒

Action Required
☐

Corrected
☐

a. Are officers familiar with all aspects of the radio control head? ☒ Yes ☐ No

b. Can officers demonstrate how to change the radio from their home Area to another Area/Division? ☒ Yes ☐ No

c. Can officers efficiently operate all emergency equipment from the radio head? ☒ Yes ☐ No

11. COMMENTS Section 6 b (1) a, b, and c are observed on sergeant ride-a-longs. This section was not actually observed during this inspection.

Section 4 i (1) does not apply. The Alturas Area does not have a resident post.

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1. COMMAND INVOLVEMENT

Through a discussion with Officer Schmidt, it was determined that the Alturas Area has a genuine interest toward the Officer Safety and Weapons Training programs. This inspection contains a couple of recommendations to enhance the quality of these programs.

2. TRAINING AND CERTIFICATIONS

Officer Schmidt is the Area's Training Officer and is responsible for overseeing the Area's training program. He is responsible for entering all of the training into the Employee Training Records System (ETRS). Area CHP 270, *Service Record*, records were reviewed in ETRS. All monthly range shoots had been entered into ETRS. It was determined that not all quarterly training had been entered into ETRS as required.

3. SAFETY EQUIPMENT

The two uniformed personnel who performed Physical Methods of Arrest (PMA) techniques were questioned in regard to the use of Oleoresin Capsicum (O.C.) spray. They had a good knowledge of Highway Patrol Manual (HPM) 70.6, *Officer Safety Manual*.

Two Area patrol vehicles were checked and found to be clean and organized. CHP 33, *Driver's Equipment Check*, books were present for both vehicles and contained up-to-date information. Both vehicles contained shotguns and rifles that were well maintained and stored in the vehicle properly. Both vehicles contained the proper amount of current saline within the trunks.

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4. FIREARMS

Area weapons are being inspected as required by HPM 70.8, *Firearms Manual*. A review of the weapons inspection records within ETRS was conducted. It was determined that the inspections for the departmental weapons were current but had not been entered into ETRS. An inventory of ammunition was conducted and revealed the Alturas Area's records matched exactly and quarterly audits are being conducted. There is a separation of duties for handling ammunition as required per HPM 70.8.

5. PHYSICAL METHODS OF ARREST

Officer Schmidt, #13771, and Officer Britton, #10541, were critiqued regarding PMA and side-handle baton techniques. Each officer satisfactorily performed all the tasks on the CHP 199, *Officer Safety Certification*.

6. SUMMARY

Area Management continues to demonstrate a high level of enthusiasm toward the Area Officer Safety and Weapons Training programs and is involved in all aspects of training.

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ACTION ITEMS

By addressing the following action items, the Alturas Area will meet the guidelines of this Chapter 17 Inspection:

1. Ensure that all current inspections for departmental weapons are entered into ETRS as required.
2. Ensure that all quarterly training is conducted and entered into ETRS as required.

The **ACTION ITEMS** should be completed by October 21, 2009. Upon completion, Area is requested to prepare a memorandum to Northern Division certifying that the Action Items listed above have been corrected.

A handwritten signature in dark ink, appearing to read "Ryan Ham", is written over a light, circular official stamp.

RYAN HAM, Officer
Northern Division Training Officer